ALTERNATIVE TO THE DATTNER NEEDLE

Sir.—During the discussion at the meeting of the Society on the 27th April 1946, several speakers referred to the use of the Dattner needle for the prevention of lumbar-puncture headache. It may not be generally known that a similar result can be obtained by using an ordinary lumbar-puncture needle of the same gauge as the inner needle of the Dattner model. Such a needle should be of British wire gauge 21 and not more than 3½ inches long.

When inserting a needle of this size through the skin and supraspinous ligament, it is necessary to rotate the needle rapidly by rolling the head of the stilette between the finger and thumb of one hand while the finger and thumb of the other hand give support just below the mount. In this way very little pressure is required, and the needle will not "double up". as it is apt to do if pushed in directly. When it has penetrated the supraspinous ligament, the drilling movement is discontinued. The needle is then pushed in by resting the little fingers of both hands on the patient's back and pressing with the thumbs on the top of the stilette while the fore-fingers hold the mount.

I have used this type of needle, which, in my opinion, is simpler to use than the Dattner, in several hundred lumbar punctures without coming across any major difficulties. The incidence of lumbar-puncture headaches has been negligible.—I am, etc.,

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VENEREAL DISEASE AND PROFESSIONAL SECRECY

At Birmingham Assizes, on 1st April 1946, Mr. Justice Lewis gave an important direction, with the approval of the President of the Divorce Division, upon the duty of doctors to divulge confidential information relating to a patient when requested by the patient to do so. The patient was a respondent in proceedings for nullity. A short time after marriage, she exhibited symptoms which caused her to go to a venereal diseases clinic where, on 28th February, 1945, it was found that she was suffering from a venereal disease in a communicable state. On this being discovered the petitioner went to the clinic and was examined, observed and treated by the same doctor who had examined and was treating the respondent. After some time it was found that there was no evidence whatever that the petitioner was suffering from this disease in any form. The respondent was not told that the disease from which she was in fact suffering was in a communicable form or, if it was, on 28th February, in a communicable form, how long it had been in that form. On 3rd August, 1945, divorce proceedings having been instituted, the doctor was asked, *inter alia*, by the respondent to state particulars of her illness, and if it was possible to say the approximate date of the commencement of that illness. Except to say that secondary syphilis was the disease, the doctor did not answer the respondent's request for the further information, which was vital to her and her advisers for the purpose of the defence of the proceedings. On or about 27th February 1946, a questionnaire consisting of six questions was sent to the doctor, signed personally by the petitioner and the respondent, with the approval of the solicitors of both parties, asking for information as to the condition of the respondent, information which was vital to the parties to have for the proposed presentation of their respective cases. If those questions had been answered in one way the petitioner would have failed in proving what it was necessary to prove, if he was to succeed, and the respondent would have been able successfully to defend the case. The doctor refused to give the information, stating that, if subpœnaed, he would give his evidence in court. He appeared in court, gave evidence and answered all questions put to him, and no sort of suggestion was made or could be made as to his good faith. According to the direction given, a doctor is not in such circumstances justified in refusing to give the information required. It is to be observed that the so-called medical privilege is the privilege of the patient, and not of the doctor, and that it can therefore be waived by the patient. The necessity for secrecy in connection with venereal disease is based upon the probability that sufferers may not report the fact unless they are satisfied that the disclosure will be confidential; but this point does not arise when it is the patient himself who seeks the disclosure in his own interests.

The direction given in this case is independent of the duty of doctors to give evidence on sub pœna in a court of law. A doctor is not specially privileged in this respect, and may be committed to prison if he refuses to answer questions relating to information which came to him through his professional relationship with a patient. Thus, in Garner v. Garner (1920) reported in 36 *Times Law Reports*, p. 196, a doctor was compelled to give evidence obtained whilst treating a patient at a hospital under a national scheme for dealing with venereal disease, notwithstanding that the statutory regulations enjoined absolute secrecy on the medical attendant.

Mr. Justice Hawkins pointed out in Kitson v. Playfair (reported in *The Times*, 28th March 1896), that there may be cases in which a doctor is justified in refusing to divulge matters of professional secrecy and a Judge might refuse to commit him for contempt in refusing. Every case must be governed by its particular circumstances, and the ruling of the Judge is the test.